

Analytic Spotlight

PRIDE in the health of all - Transgender Health Analytics

Background:

Transgender is a term for a group of people whose gender identity differs from their birth sex; such as trans women (male-to-female), trans men (female-to-male), genderqueer individuals and many others. According to the American Journal of Public Health, approximately 150,000 youth and 1.4 million adults identify as transgender in the United States.

Transgender members have unique, often complicated, medical, emotional & psychological needs. The social stigma associated with transgender identity can be a significant barrier to care. Therefore, in addition to appropriate medical and pharmacy, mental health plays a critical role in the care of transgender individuals.

In order to promote evidence-based care around transgender health, the World Professional Association of Transgender Health (WPATH) developed the Standards of Care (SOC). The SOC provides clinical guidance for health professionals to assist transgender people with safe and effective pathways to maximize their overall health and wellbeing. SOC provides guidance on preventive screening, appropriate primary care, and hormone therapies.

June is PRIDE month when Transgender people as part of the LGBTQ+ community are celebrated across the world. In that spirit, HDMS is proud to provide analytics that help track and support Transgender healthcare.

WHAT'S IN YOUR DATA?

How many members have Transgender-related claims?

~1200

What's the Allowed/Year?

~6.8M

The dashboard with all the reports used for this analysis, is available to HDMS clients.

Where do the numbers come from? We created a Transgender Cohort, (using ICD-10 Principal Diagnosis codes related to gender identity, transsexualism, sex reassignment and sexual disorders) applied to medical and pharmacy claims for the last 3 reporting years.

Apply it!
Use this **Analytic Spotlight** dashboard to see more analytic results of your population.

Analytic Spotlight

The data shows *(for the 3 most recent reporting periods)*:

1. Transgender Claimants – Avg. 500 transgender claimants YoY
2. Average Spend – Allowed dollars remain steady at around \$6.8M/year (last 3 yrs.)
3. Gender Split – About 51% of the population identifies as Male and 49% as Female. There are no Unknown Gender members in this Transgender Cohort.
4. No PCP / Psych Visit – In the latest reporting period 75 transgender claimants did not have a PCP/Psych visit in the last 12 months. This number is lower than in the previous year (a good thing).
5. MH/BH Conditions – Greatest prevalence: Psychosexual disorder (Episodes/1000); Most expensive: Alcohol dependence (Allowed/Episode)
6. Attempted Suicide/ Suicidal Ideations – In the last 2 years an avg. of 63 members have sought care for attempted suicide or having suicidal ideations.
7. Substance Use Disorder: Other drug dependence (includes prescription meds.) was most prevalent.
8. Hormone Therapy recipients – There has been a sharp increase in members receiving hormone replacement therapy in the past 2 years: 58% in 2019 (compared to 2018) and 26% in 2020 (compared to 2019).
9. AIDS and HIV Episodes have increased YoY.
10. Gender Re-assignment Surgeries: In the past 2 years Mastectomies were the most common procedure (services/1000 and claimants/1000); (M to F) Sex transformation was the most expensive (highest Allowed dollars).

How to use this data:

Follow leading indicators:

- Number of members on hormone therapy: Estrogen & Testosterone – this is usually a harbinger of upcoming gender reassignment surgeries.
- Number of newly diagnosed members with a mental health condition or SUD – most transgender members don't seek care early and may have a more severe condition at the time of diagnosis —> requiring more intense care coordination to prevent adverse events.
- Attempted Suicide rates – much higher than in the general population. Very important to monitor and provide appropriate interventions.
- Rates of newly diagnosed cases of HIV/STIs – rates are higher in transgender population —> cause of high morbidity and costs.
- Number of members who have not had a visit with a PCP or Psychiatrist/Psychologist – as rates trend upwards —> increase in ER visits for MH/SUD related reasons can be expected.

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Opportunities for intervention:

- Members who have not had a visit with a PCP or Psychiatrist/ Psychologist should be engaged and encouraged to do so ASAP.
- All transgender people would benefit from proactive engagement in EAP or similar program that promotes regular access to psychotherapy and counseling services, especially those transgender people who have attempted suicide or had suicidal ideations.
- Health disparities among transgender people include an increased risk of HIV infection, especially among transgender women of color; identifying these sub-populations would be helpful in ensuring care parity.
- As for all members, transgender individuals should be counseled about the importance of routine preventive health care.
- Gender Reassignment Surgery – Ensure that all members receive the recommended psychological support and counseling prior to decisions regarding gender reassignment.

Interesting Insights!

Look what I found in your population.

PCP Visits are DOWN

This is a specific, focused step we can influence that will help with many other health concerns.